

EXHIBIT**3****CERTIFICATE OF INCUMBENCY****WISDOM CHAIN LIMITED****智連有限公司**

We, Offshore Incorporations (Seychelles) Limited of P.O. Box 1239, Offshore Incorporations Centre, Victoria, Mahé, Republic of Seychelles, being the duly appointed Registered Agent of **WISDOM CHAIN LIMITED** 智連有限公司 (the "Company"), an International Business Company incorporated in Seychelles on 5 October 2016 with IBC Number 187716, to the best of our knowledge and according to our records, hereby certify the following:

- (1) The Company is in Good Standing in Seychelles.
- (2) The Registered Office of the Company is at the offices of Offshore Incorporations (Seychelles) Limited, P.O. Box 1239, Offshore Incorporations Centre, Victoria, Mahé, Republic of Seychelles.
- (3) That as far as can be determined from the documents retained at the Registered Office of the Company:

- (i) The current director(s) is/are:

Name
STEVE MARKO BAJIC

Appointment Date
27 October 2016

- (ii) The current shareholder(s) is/are:

Name
STEVE MARKO BAJIC

No. of Share(s) Held
1

- (iii) The authorised capital of the Company is USD1,000,000.00 divided into 1,000,000 shares of USD1.00 each.

- (iv) The Company does not maintain a Register of Mortgages, Charges and Encumbrances at its Registered Office.

Signed on 1 November 2016

For and on behalf of
Offshore Incorporations (Seychelles) Limited

Authorised Signatory



We hereby certify that the foregoing document is a true and complete photostatic copy of its original (or a properly certified copy of the original).

Attest: CPA Limited
Certified Public Accountants, Hong Kong
FUNG WING LAP
Practising Certificate No.: P03644
Date: 17 NOV 2016
Total page(s): 1

COMPARED TO THE ORIGINAL AND CERTIFIED TO
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AUG 29 2016

for BMO Bank of Montreal - 595 Burrard St., Vancouver BC

THIS IS A TRUE COPY OF
THE ORIGINAL ITEM:

000039

BANK OF MONTREAL



Republic of Seychelles
塞舌爾共和國
INTERNATIONAL BUSINESS COMPANIES ACT, 1994
《1994年國際商業公司法》

《一九九四年條例第廿四章》

Certificate of Incorporation
公司註冊證明書

We hereby certify that the foregoing document is a true and complete photostatic copy of its original (or a properly certified copy of the original).

Attest:
 Heng Kong
 HUNG WING LAP
 Principal, Certificate No.: 893644
 Date: 17 NOV 2016
 Total page(s): 1

THIS IS TO CERTIFY that, having satisfied all the requirements in respect of incorporation under the International Business Companies Act, 1994, 茲證明，

WISDOM CHAIN LIMITED
智連有限公司

is incorporated in the Republic of Seychelles as an International Business Company, 已符合《1994年國際商業公司法》對公司成立的所有要求，在塞舌爾共和國註冊成為國際商業公司。

on this 5th day of October 2016
 日期 二零一六年十月五日

Given at Victoria, Seychelles.
 簽署於塞舌爾維多利亞市。

Randolph Samson
 Financial Services Authority

REGISTRAR OF INTERNATIONAL BUSINESS COMPANIES

Company No.
 公司編號: 187716

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000040
 BANK OF MONTREAL

for BMO Bank of Montreal - 595 Burrard St., Vancouver B.C.

AUG 29 2018

COMPARED TO THE ORIGINAL AND CERTIFIED
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BMO  Bank of Montreal • Banque de Montréal**Business Account Signature Card /
Carte de Signature d'Compte D'affaires**

Date: 5-Dec-16

I. General Information

Legal Name / Nom Juridique WISDOM CHAIN LIMITED	Transit / N° de dom:	Account No / N° de compte: 5 6 6
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Other Transits and Accounts / D'Autres Transits et Comptes:

Transit / N° de dom:	Account No / N° de compte:	Transit / N° de dom:	Account No / N° de compte:
9 1 7			

II. Details of Signing Authority / Détails d'Autorité Signante

Example: either one of the authorized signatures to sign/l'une ou l'autre des signatures autorisées pour signer

Single / Signate. unique

ALONE

Mech Table Signature Code / Code de Signature de Table de Mech:

° Single / Signate. unique ° Either / L'un ou l'autre ° Both / Deux signat. Autor. ° Multiple / Plus. Signat. autor

III. Authorized Signatures / Signatures Autorisées:**Name/ Nom****Position****Signature**

STEVE BAJIC

DIRECTOR/OWNER

X

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for BMO Bank of Montreal - 595 Burrard St., Vancouver BC

DATE

5 Dec 2016

THIS IS A TRUE COPY OF
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000001

BANK OF MONTREAL



Ownership Attestation

To: **BANK OF MONTREAL (the "Bank")**

The undersigned certifies that the Ownership Details for WISDOM CHAIN LIMITED (hereinafter called the 'Business') are accurate and complete as disclosed to the Bank, and as documented below. Beneficial Owners or Partners are individuals or entities who own or control 25% or more of the Business:

The undersigned certifies that the answer provided to the question "Does any individual own 25% or more of the Entity?" as required under the Canadian Proceeds of Crime (Money Laundering) and Terrorist Financing Act (PCMLTFA), was

Yes

If Yes was answered, the undersigned provided the Owner names, addresses, occupation and their percentage ownership and their type of ownership as:

Ownership Details

Name	STEVE BAJIC
Address	BURNABY BC V5E2J6
% Ownership	100
Type of Ownership	Direct
Occupation	Professional - Other - CONSULTANT

It is the express wish of the parties that this document be drawn up and executed in English.


Date

05/Dec/2016

Legal Name

WISDOM CHAIN LIMITED

Print name of Officer, Director or Partner as appropriate below signature


Name: STEVE BAJIC Director/owner

Name:

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for BMO Bank of Montreal 595 Burrard St., Vancouver BC

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000007
BANK OF MONTREAL



US Entity Classification Certification

To: **BANK OF MONTREAL** (the "Bank")

The undersigned certifies:

That the FATCA Entity Classification Type (FECT) for

WISDOM CHAIN LIMITED

(insert Legal Name)

(hereinafter called the "Business") is

- ☐ Active Non-Financial Foreign Entity (NFFE)
 ☒ Passive Non-Financial Foreign Entity (NFFE)
 ☐ Specified US Entity
☐ Other/Excluded US Entity
 ☐ Reporting IGA Financial Institution - Non US
☐ Participating Foreign Financial Institution (non IGA)
 ☐ Non-Reporting IGA Financial Institution
☐ Registered Deemed Compliant Foreign Financial Institution

If the FECT for the Business is US Entity, Specified US Entity, or Other US Entity, the US Tax Identification Number (TIN) for the Business is _____ (insert US TIN).

If the FECT for the Business is a Reporting IGA Financial Institution, Participating Foreign Financial Institution (Non IGA) or a Registered Deemed Compliant Foreign Financial Institution, the Global Institution Identification Number (GIIN) for the Business is _____ (Insert GIIN).

If the FECT for the Business is Passive Non-Financial Foreign Entity (NFFE), the following information is required:

Owner Information

Name	Address
US Citizen/US Resident/ US Entity Status for tax purposes Name 1. STEVE M. BAJIC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	US Tax Identification Number (required if owner is US Citizen/ US Resident/ US Entity) BURNABY BC V5E 2J6 Address: US TIN:
Name 2. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Address: US TIN:
Name 3. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Address: US TIN:
Name 4. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Address: US TIN:

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for BMO Bank of Montreal - 595 Burrard St., Vancouver BC

The undersigned further acknowledges that:

If the FECT for the Business requires the disclosure of the US TIN or GIIN and the undersigned has not already provided it, the undersigned is required to provide this number to the Bank within 90 days otherwise the Bank may report Business and account information to Canada Revenue Agency (CRA). The undersigned is required to notify the Bank immediately if the TIN or GIIN for the Business changes.

If the undersigned disclosed that the FECT for the Business is any type of US Entity the Bank will report the Business and account information to the CRA.

If the undersigned disclosed that the FECT for the Business is Passive NFFE, the undersigned acknowledges that the undersigned has disclosed all owners/ partners who have a 25% or greater beneficial ownership of the Business and that the undersigned has disclosed their US Citizenship or US Residency. If the undersigned is not able to confirm today the

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US Citizenship or US Residency of the owners/ partners who have a 25% or greater beneficial ownership of the Business, the undersigned is required to provide this information to the Bank within 90 days; otherwise the Business, owner/ partner and account information will be reported to CRA.

If the undersigned is not able to confirm or has declined to confirm the FECT for the Business then the undersigned is required to provide all necessary information to the Bank within 90 days, failing which the Bank is required to report the Business and account information to CRA.

Certification May be Modified upon Notice in Writing:

The undersigned may change the information provided in the Certification at any time by notifying the Bank in writing.

Subsequent Review

Based on periodic reviews of Business information on file, the Bank may contact the undersigned to verify and update the US Citizen/US Resident for tax purposes or US Entity status and request written confirmation, as applicable. The undersigned may be asked to provide additional information or documentation.

It is the express wish of the parties that this Certification and any related documents be drawn up and executed in English. Les parties conviennent que la présente certification et tous les documents s'y rattachant soient rédigés et signés en anglais.

Date:

06/Dec/2016

Legal Name

WISDOM CHAIN LIMITED

Witnesses (Not required for Corporations)

Witness Name:

Witness Name:

Print name of Off. Director/ Partner as appropriate below signature

By:

Name: STEVE BAJIC

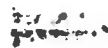
Position: DIRECTOR

By:

Name:

Position:

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for BMO Bank of Montreal - 595 Burrard St., Vancouver BC

For more information, you may visit the CRA website at www.cra-arc.gc.ca/tx/nrrsdnt/nhncdrprtng/menu-eng.html.

Form 163066 (04/16) 05/12/2016 11.07 B/M

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BANK OF MONTREAL

Page 2 of 2



Fields indicated by an asterisk (*) are optional and completed where applicable

Dated as of: Dec 6, 2016

AGREEMENT FOR BUSINESS BANKING: EXECUTION AND ACCOUNT INFORMATION

Please read this document carefully - It applies to all Account(s) of the Customer (as defined in Part A) with Bank of Montreal (the "Bank"). Capitalized terms used herein will have the meanings ascribed to them in the Bank's Agreement for Business Banking (as amended, substituted or replaced from time to time the "ABB") unless otherwise defined below. This Agreement, once Part E has been signed by/on behalf of the Customer, forms part of the ABB between the Customer and the Bank (together, the "Agreement").

PART A: PARTICULARS OF BUSINESS ACCOUNTS

Account #1	Transit	1966	Account Number	1917	Account Number
WISDOM CHAIN LIMITED					
(the "Customer")					
Legal Name					
Trade Name* (Operating As or additional name information for joint business accounts only)					
C/O or ATTN. *					
Business Address					
33	ASHLEY ROAD, UNIT 1109, 11/F, KOWLOON CENTRE				Apt./Suite *
Street number	Street Name				
TSIM SHA TSUI	KOWLOON				Postal/Zip Code
City	Prov./State				
HONG KONG	-6662				
Country (if other than Canada)		Business Telephone No. *		Fax No. *	
Business Type (e.g. Sole Proprietorship)		Private		Non Canadian	
		Business Sub Type		Registration Type	
(Federal) Business Number * (required for interest-bearing accounts)					
INVESTMENT HOLDINGS					
Nature of Business					

THIRD PARTY DETERMINATION

Is this account a trust account or are these trust accounts, being opened by you in your capacity as a lawyer, accountant, or real estate broker or real estate sales representative on behalf of your customer(s)?

Yes ☐ No ☒ If Yes, proceed directly to "Authorized Signatory and Identification" section

Will this deposit account or these deposit accounts only be used by your business and only for your business, transactions or only to administer trust funds?

Yes ☒ No ☐ If No, Complete Third Party Determination Form 3391

AUTHORIZED SIGNATORY AND IDENTIFICATION

Note: 2 pieces of personal identification must be recorded for all new Authorized Signatory (ies) (up to a maximum of 3).

Authorized Signatory 1

Name		Professional - Other / CONSULTANT		1970	
DIRECTOR/OWNER		Occupation		Date of Birth (DD/MM/YYYY)	
(Company) Position e.g. Treasurer *					
Canadian Driver's License					
1. Type of Identification e.g. Driver's License		Identification Number			
BC		BC			
Place of Issue (Province/State/Country)		Name of Issuer e.g. BMO, AMEX, etc. *			
Provincial Health Insurance Card					
2. Type of Identification e.g. Driver's License		Identification Number			
BC		BC			
Place of Issue (Province/State/Country)		Name of Issuer e.g. BMO, AMEX, etc. *			

Authorized Signatory 2

Name		Occupation		Date of Birth (DD/MM/YYYY)	
(Company) Position e.g. Treasurer *					
1. Type of Identification e.g. Driver's License		Identification Number			
Place of Issue (Province/State/Country)		Name of Issuer e.g. BMO, AMEX, etc. *			
2. Type of Identification e.g. Driver's License		Identification Number			
Place of Issue (Province/State/Country)		Name of Issuer e.g. BMO, AMEX, etc. *			

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Name of Issuer e.g. BMO, AMEX, etc. *

for BMO Bank of Montreal - 595 Burrard St., Vancouver BC

Identification Number

Name of Issuer e.g. BMO, AMEX, etc. *

Authorized Signatory 3

Name _____		
(Company) Position e.g. Treasurer *	Occupation	Date of Birth (DD/MM/YYYY)
1. Type of Identification e.g. Driver's License		Identification Number
Place of Issue (Province/State/Country)		Name of Issuer e.g. BMO, AMEX, etc. *
2. Type of Identification e.g. Driver's License		Identification Number
Place of Issue (Province/State/Country)		Name of Issuer e.g. BMO, AMEX, etc. *


ACCOUNT(S) INFORMATION

Signature Requirements : Single ☒ Either ☐ Both ☐ Multiple ☐ Official Language : English ☐ French ☒ Additional Information : Braille ☐

Account # 1 _____ Account # 2 _____

Each Authorized Signatory below, in his/her personal capacity, acknowledges and consents:

- (i) to the disclosure of such Authorized Signatory's personal information as set out in, or provided in connection with, this Agreement ("Personal Information") to each Authorized Signatory below and to the Customer or as may be required by law;
- (ii) to the extent such Authorized Signatory has indicated they are also an Owner when answering the Beneficial Ownership question (Does any individual own 25% or more of the entity), from time to time with respect to such Owners personal and credit information ("Credit Information"):
- a. to the collection of such Credit Information from any credit bureau/ reporting agency, from any person who has or may have financial dealings with such Owner, from any references such Owner may have provided to the Bank, or from any publicly available source, such as a directory, government or public registry, Internet site or other publication in any form;
 - b. to the disclosure of such Credit Information to other lenders (including any subsidiary or affiliate of the Bank), credit bureaus/reporting agencies, or any other person who has or may have financial dealings with such Owner; and
 - c. to the use of such Credit Information in connection with any account, loan/credit or other banking relationship which the Customer or such Owner & Authorized Signatory has or may in the future establish with the Bank; and receipt of the Privacy Disclosure and Consent provisions contained in the Agreement for Business Banking and agrees to such provisions.

X 

Signature of Authorized Signatory 1 _____

Name: STEVE BAJIC _____

Position: DIRECTOR/OWNER _____

Signature of Authorized Signatory 3 _____

Name: _____

Position: _____

Signature of Authorized Signatory 2 _____

Name: _____

Position: _____

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PART B: SELECTION OF EVERYDAY BANKING FOR BUSINESS PLAN

Please select one of the following - see the Better Banking Guide for Business for further details.

The Customer hereby selects the following EBB Plan:

Account number with EBB Plan _____

Transit number _____ Account number _____

☒ Business Start Plan ☐ Business Builder 1 Plan ☐ Business Builder 2 Plan

☐ Business Builder 3 Plan ☐ Business Builder 4 Plan ☐ No Plan

for BMO Bank of Montreal - 595 Burrard St., Vancouver BC

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PART C: ACKNOWLEDGEMENT OF RECEIPT OF BMO DEBIT CARDS FOR BUSINESS

The Customer acknowledges receipt of the BMO Debit Card(s) for Business described below:

Card Number #1 <u>68</u>	Prime Chequing Account Number <u>566</u>	Account Restriction <u>34567 ABCDEFGH</u>
Limit Class <u>1017</u>	Prime Savings Account Number <u>USD</u>	Account Restriction <u>345679</u>
Link Account No. <u>PUBLIC COMPANIES GRP</u>	Alpha Reference <u>Dep/Ven only Known to ATM</u>	Account Restriction
Rationale for Limit Class		
Card Number #2	Prime Chequing Account Number	Account Restriction
Limit Class	Prime Savings Account Number	Account Restriction
Link Account No.	Alpha Reference	Account Restriction
Rationale for Limit Class		
Card Number #3	Prime Chequing Account Number	Account Restriction
Limit Class	Prime Savings Account Number	Account Restriction
Link Account No.	Alpha Reference	Account Restriction
Rationale for Limit Class		
Interac Flash		

ACCOUNT RESTRICTION		
1. Normal Processing	6. Transfer FROM not allowed	A. No POS Purchase
2. MECH validation	7. Bill Payments- ATM not allowed	B. No POS Pre-Authorized Purchase Request
3. No Withdrawal at ATM	8. Inquiry not allowed	C. No POS Purchase with Cashback
4. No Deposit	9. Statement FROM Statement Printer not allowed	D. No Bill Payment - Online/Telephone Banking/Mobile/Tablet
5. Transfer TO not allowed		E. No POS Merchandise Return
		F. No POS Merchant Debit Reversal
		G. No POS Merchant Credit Reversal
		H. No Online/Telephone/Mail Order Purchase or Recurring Payment

PART D: TELEPHONE BANKING/ONLINE BANKING REGISTRATION

The Customer hereby requests Telephone Banking/Online Banking access for the BMO Debit Card(s) for Business indicated below:

Card Number #1

Card Number #2

Card Number #3

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PART E: ENTERING INTO AGREEMENT FOR BUSINESS BANKING

for BMO Bank of Montreal - 595 Burrard St., Vancouver BC

1. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Customer:
- (a) the Customer acknowledges receipt of, having read and agrees to be bound by the ABB and the Better Banking Guide for Business, including the applicable fees, as each document may be amended, substituted or replaced from time to time;
 - (b) certifies and agrees that the attached Certificate and Authorization as completed by the Customer is true and correct and that the Certificate and Authorization and any documentation provided to the Bank to support the existence of the business entity (including, without limitation, articles of incorporation, amalgamation or continuance, by-laws, partnership agreements and directors resolutions) are in full force and effect, unamended and that any branch of the Bank with which any dealings are had by the Customer may act or rely upon them until each such branch is notified in writing to the contrary.
 - (c) In addition to the ABB, the Customer acknowledges receipt of the Better Banking Guide for Business and agrees to the applicable fees set out in the Better Banking Guide for Business, as it may be amended, substituted or replaced from time to time.

The Customer represents that each individual signing this document on behalf of the Customer is an Authorized Signatory of the Customer and has been authorized to sign on the Customer's behalf. The Customer declares that the information provided herein is true and correct.

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BANK OF MONTREAL

2. Check box if applicable -

- ☐ Money Service Businesses - the Customer acknowledges receipt of the Money Services Business (MSB) - Disclosure form and agrees to be bound by the terms and conditions set out therein.

It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English. Les parties conviennent que la présente convention et tous les documents s'y rattachant soient rédigés et signés en anglais.

Dated as of the date set forth on page one.

WISDOM CHAIN LIMITED

(Legal Name)

BY:

Name:
Position:

BY:

Name: STEVE BAJIC
Position: DIRECTOR/OWNER

Branch Use Only		I acknowledge that I have been presented with the identification documents, original, valid and in good condition, as recorded above. For existing customers, I confirm that the information pertains to the same.
A/C	Hold Funds Waived <input type="checkbox"/>	
RM Code	AM Code *	Interviewed & Opened by
10171	7V	MARJ ROSS 604.665.7506
		Print Name and Phone Number

All Parts of this Agreement have been reviewed and approved by Branch Manager or delegate

Name:
Title:

ONLY for BMO Debit Card for Business / Approving Manager is not the Branch Manager or delegate, the Approving Manager must be a Branch President Commercial - Public Companies

Name:
Title:

Tel: (604) 665-7551
Cell (604) 354-8034
Fax: (604) 668-1450

® Registered trade-mark of Bank of Montreal

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for BMO Bank of Montreal - 595 Burrard St., Vancouver BC

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BANK OF MONTREAL